



my|CalPERS – State Agency: Health Enrollment Reporting File

The State Agency: Health Enrollment Reporting File Table below provides the list of data fields that Employers will be asked to provide CalPERS in the Health Enrollment process. The columns given below are intended to be used for the purpose of helping Employers identify the information that must be submitted, and how the information should be formatted. Each column should be interpreted as follows:

- Data Element Number – The numerical designation that corresponds with data element in the same row
- Data Element Name – The plain-English name of the information that will be required in this field
- Description of Submitted Data – A longer, more detailed description of the field including explanation of submitted data, and any conditions under which the field must be populated
- R/O/C – Indicates if the information is required, optional, or conditional
 - 'R' indicates that the data is required for the field and an error will generate if the field is not populated
 - 'C' indicates that the data for that field is required when certain conditions are met based on values in another field. Applicable conditions are located in the column of this document titled 'Description'. Information populated when not called for by a condition will be ignored. If data is missing in a Conditional field that required the data based on a condition, an error will be returned
 - 'O' indicates that the data is optional for that field. Information populated when not called for will be ignored. If data is missing in an Optional field, no error will be returned. The column titled 'Description' indicates what format the optional data must be provided in. If optional data is provided that does not meet the specified format an error will result
- Data Hierarchy – Provides context of how the data element relates to other data elements in the XML file structure (see data structure outline on page 2 of this document)
- Data Type – Tells what kind of data is being dealt with. May indicate date, string, or integer
 - Except where noted, the data element cannot contain any of the following characters:



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Asterisk	*	Grave	`
At sign	@	Greater than sign	>
Backslash	\	Less than sign	<
Braces	{ }	Percent sign	%
Brackets	[]	Plus sign	+
Caret	^	Question mark	?
Dollar sign	\$	Quotation mark	“
Equal sign	=	Under score	–
Exclamation point	!	Vertical bar	

- Field Values – A list of the data that should be provided, if applicable, or the format that the field should be populated under
- Max Length – The maximum number of characters that the field will accept

Appendix B of this document contains an analysis of the future fields in the Health Enrollment file, and their equivalent, if applicable, in the ACES system currently used today. Also included is a column labeled ‘Change?’, which states if a change in the current column is going to occur.

We do not anticipate significant changes to the file format however additional field values will be identified in the coming months. Please check the PERT webpage for the latest file format and review the information entitled *Known Inconsistencies in the Data Element Specifications* for data elements that are pending clarification through a formal change control process at this link:

<http://www.calpers.ca.gov/index.jsp?bc=/employer/pert/home.xml>

Also included on this website is the XML Schema Definition (XSD) that provides a sample XML data structure. Employer produced XML files must conform to the XSD in order to be considered ‘valid’. Employers will be able to use the schema to help develop or alter their systems to comply with the new standards in order to submit data files to CalPERS. XML tools are available on a variety of platforms to help IT developers create XML files that adhere to the CalPERS schema. The XML file is different from flat files that many Employers send CalPERS today in that the information is organized in a hierarchical structure much like a standard outline.



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The XML Schema Definition, available at the link above, documents this report structure in detail. This document provides an indication of how the report fields are related to each other in the column titled 'data type'. The following is an outline of the XML file structure:

- A. Subscriber Health Enrollment – For example, Person ID, Medical Plan, and Appointment ID
 - 1. Dependent – For example, Dependent First and Last Name, Dependent Address

The outline above can be repeated so there can be multiple dependents for a Subscriber in a single file.

In addition to the XSD, a sample XML file will be provided in the fall of 2008. The sample output file can be used as a model for your agency as you produce test files.

XML technologies define an extensible messaging framework that provides a message construct that can be exchanged over a variety of underlying protocols. This framework is designed to be independent of any particular programming language, platform, and other technical criteria. The following links provide some of the tools that are available on the internet that can help you better understand how to prepare an XML Schema:

ToolKit / Information	Location
Java Apache AXIS	http://xml.apache.org/axis
Python Web Services	http://Pywebsvcs.sourceforge.net
Perl SOAP	http://www.soaplite.com
PHP NuSOAP	http://www.sourceforge.net/projects/nusoap/
XML	http://www.xml.org/
Microsoft Windows Communication Foundation (WCF) – search by “Building Clients”	http://msdn.microsoft.com/en-us/netframework/aa663324.aspx
C++	http://www.sqldata.com/SoapClient/SoapClient30.htm



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Summary of Changes between Version 2.0 and Version 3.0

#	DATA ELEMENT NAME	DESCRIPTION OF CHANGE
	INTRODUCTION – Toolkit	Updated Microsoft's Location/Link
17	Appointment ID	Changed Max Length from 16 to 10
19	Person Identifier	Changed Data Type from Integer to String Changed Field Values from alphanumeric to digits (XXX to ###)
23	First Name	Changed Max Length from 30 to 20
25	Last Name	Changed Max Length from 20 to 30
32	Health Eligibility ZIP Code	Changed Data Type from Integer to String
39	ZIP Code 5	Changed Data Type from Integer to String
40	ZIP Code 4	Changed Data Type from Integer to String
43	Postal Code	Changed Max Length from 3 to 12
50	Qualifying Person ID	Changed Data Type from Integer to String Changed Field Values from alphanumeric to digits (XXX to ###)
53	First Name	Changed Max Length from 30 to 20
54	Middle Name	Changed Middle Name from 10 to 20
55	Last Name	Changed Last Name from 20 to 30
66	Dependent Identifier	Changed Data Type from Integer to String Changed Field Values from alphanumeric to digits (XXX to ###)
70	Dependent First Name	Changed Max Length from 30 to 20
72	Dependent Last Name	Changed Max Length from 20 to 30
73	Dependent Suffix	Changed from Conditional to Optional



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
1	Employer's CalPERS ID	<p>Description: The CalPERS ID is a unique 10- digit identifier created by the new system</p> <p>Explanation: The new system will create this unique identifier. This unique identifier replaces the Employer/Unit Code.</p> <ul style="list-style-type: none">• If the County Office of Education (COE) reports for a school district, use the school district's CalPERS ID.• If the school district reports itself, use the school district's CalPERS ID.• If the COE reports on behalf of COE employees, use the COE's CalPERS ID. <p>Required: This data is required</p> <p>Note: No notable information</p>	R	Subscriber Health Enrollment	String	#####	10



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH																								
2	Health Event Type	<p>Description: The health event type</p> <p>Explanation: See description</p> <p>Required: This data is required</p> <p>Note: No notable information</p>	R	Subscriber Health Enrollment	String	<table><thead><tr><th>LONG NAME</th><th>CODE VALUES</th></tr></thead><tbody><tr><td>Add Dependent</td><td>ADP</td></tr><tr><td>Delete Dependent</td><td>DDP</td></tr><tr><td>Cancel Coverage</td><td>CCO</td></tr><tr><td>Change Health Plan</td><td>CHP</td></tr><tr><td>Dependent Address Change</td><td>DEC</td></tr><tr><td>Change Premium Payment Method</td><td>CPP</td></tr><tr><td>New Enrollment</td><td>NEN</td></tr><tr><td>Open Enrollment</td><td>OEN</td></tr><tr><td>Continued Enrollment</td><td>COE</td></tr><tr><td>Update Enrollment</td><td>UEN</td></tr><tr><td>COBRA New Enrollment</td><td>CNE</td></tr></tbody></table> <p>For descriptions of Health Event Types, please see Appendix A, Section 1</p>	LONG NAME	CODE VALUES	Add Dependent	ADP	Delete Dependent	DDP	Cancel Coverage	CCO	Change Health Plan	CHP	Dependent Address Change	DEC	Change Premium Payment Method	CPP	New Enrollment	NEN	Open Enrollment	OEN	Continued Enrollment	COE	Update Enrollment	UEN	COBRA New Enrollment	CNE	3
LONG NAME	CODE VALUES																														
Add Dependent	ADP																														
Delete Dependent	DDP																														
Cancel Coverage	CCO																														
Change Health Plan	CHP																														
Dependent Address Change	DEC																														
Change Premium Payment Method	CPP																														
New Enrollment	NEN																														
Open Enrollment	OEN																														
Continued Enrollment	COE																														
Update Enrollment	UEN																														
COBRA New Enrollment	CNE																														



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
3	Health Event Reason	<p>Description: The reason for health enrollment. These are categorized by Health Event Types</p> <p>Explanation: See description</p> <p>Required: This data is required</p> <p>Note: No notable information</p>	R	Subscriber Health Enrollment	String	See Appendix A, Section 2	3
4	Unique Transaction Identifier	<p>Description: The Unique Transaction Identifier is a memo field to report text for tracking purposes</p> <p>Explanation: Employers uploading files can use this field to record a text memo for tracking purposes</p> <p>Required if the file is sent using FTP. It is optional for File Upload</p> <p>Note: For Employers who upload files,</p>	C	Subscriber Health Enrollment	String	xxxxxxxx-xxxx-xxxx-xxxx-xxxxxxxxxxxx	36



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		<p>this field can be used as a free-text memo for tracking purposes. This is not required for successful submission of the file.</p> <p>For FTP-based submissions, CalPERS will return the universally unique identifier (UUID) provided by the employer, with each transaction's success or failure. Employers, who choose this integration style, must be able to programmatically match the UUIDs on the CalPERS response, with the transaction submitted to CalPERS, on the input file. This number must be created by a UUID generator</p>					
5	Event Date	<p>Description: The date the health event occurred</p> <p>Explanation: See description</p> <p>Required for all Health Event Types except for 'Open Enrollment'</p> <p>Note: No notable information</p>	C	Subscriber Health Enrollment	Date	yyyy-mm-dd	10



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
6	Received Date	<p>Description: The date the Employer was notified of the health event</p> <p>Explanation: See description</p> <p>Required for all Health Event Types except:</p> <ul style="list-style-type: none">• Update Enrollment <p>Note: No notable information</p>	C	Subscriber Health Enrollment	Date	yyyy-mm-dd	10
7	Apply Change To Medical	<p>Description: Indicates that the change/enrollment applies to the Medical benefit</p> <p>Explanation: See description</p> <p>Required for all Health Event Types, except for 'Change Dependent Address'</p> <p>Note: No notable information</p>	C	Subscriber Health Enrollment	String	True False	5



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
8	Apply Change To Dental (<i>placeholder data element for future legislation</i>)	Description: If dental becomes an option in the future, this data element indicates the change/enrollment applies to the Dental benefit Explanation: See description Required for all Health Event Types, except for 'Change Dependent Address' Note: No notable information	C	Subscriber Health Enrollment	String	True False	5
9	Apply Change To Vision (<i>placeholder data element for future legislation</i>)	Description: If vision becomes an option in the future, this data element indicates the change/enrollment applies to Vision benefit Explanation: See description Required for all Health Event Types, except for 'Change Dependent Address' Note: No notable information	C	Subscriber Health Enrollment	String	True False	5



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
10	Rescind Indicator	<p>Description: Indicates whether a health enrollment transaction, with a future date, should be rescinded</p> <p>Explanation: Employers will have the ability to rescind future-dated, permissive, health-enrollment reasons. For a list of the permissive health event reasons, please see Appendix A, Section 6</p> <p>Required: No required data</p> <p>Note: No notable information</p>	O	Subscriber Health Enrollment	String	True False	5
11	Rescind Reason	<p>Description: Provides the reason why a health enrollment transaction is rescinded</p> <p>Explanation: See description</p> <p>Required if Rescind Indicator is selected as True</p> <p>Note: No notable information</p>	C	Subscriber Health Enrollment	String	Free form text will be allowed to describe the rescind indicator, up to 100 characters	100



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
12	Rescind Notes	Description: This area allows for notes about the reason for rescission Explanation: Data accepted if Rescind Indicator is selected as True Required: No required data Note: No notable information	O	Subscriber Health Enrollment	String	Free form text will be allowed to add notes to the rescind reason, up to 1000 characters	1000
13	Agency Code	Description: The Agency within the State the Person (as reported in Data elements 17-47) works for Explanation: See description Required if the Person is Health only (non-PERS) No required data Note: No notable information	C	Subscriber Health Enrollment	Integer	###	3



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
14	Subscriber Status FERP	<p>Description: This is an indicator of whether or not the Person (as reported in Data elements 17-47) has Faculty Early Retirement Program (FERP) Status</p> <p>Explanation: See description</p> <p>Required if the Agency is California State University (CSU) and Health Event Reason is 'State Retiree – Dental Enrollment'</p> <p>Note: No notable information</p>	C	Subscriber Health Enrollment	String	True False	5



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
15	FERP Status Begin Date	<p>Description: This is the begin date of the Person's FERP Status</p> <p>Explanation: See description</p> <p>Required if the Agency is California State University (CSU) and Health Event Reason is 'State Retiree – Dental Enrollment'</p> <p>Note: No notable information</p>	C	Subscriber Health Enrollment	Date	yyyy-mm-dd	10
16	FERP Status End Date	<p>Description: This is the end date of the Person's FERP Status</p> <p>Explanation: See description</p> <p>Required if the Agency is California State University (CSU) and Health Event Reason is 'State Retiree – Dental Enrollment'</p> <p>Note: No notable information</p>	C	Subscriber Health Enrollment	Date	yyyy-mm-dd	10



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
17	Appointment ID	<p>Description: This represents the position into which the Employee was hired</p> <p>Explanation: See description</p> <p>Required if the Employee has:</p> <ul style="list-style-type: none">• Multiple appointments in the same program (e.g., multiple PERS appointments) with the Employer (as reported in Field 1 – Employer's CalPERS ID), and• the Employer is reporting 'New Appointment' for a different program (e.g., Health) <p>Required if an appointment update is being reported and:</p> <ul style="list-style-type: none">• The employee has multiple appointments with the Employer being reported in Field 2 – Employer's CalPERS ID. <p>An appointment update includes the following transaction types:</p>	C	Subscriber Health Enrollment	String	#####	10



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		<ul style="list-style-type: none">• Add Dependent• Delete Dependent• Cancel Coverage• Change Health Plan• Dependent Address Change• Change Premium Payment Method• Open Enrollment• Continued Enrollment• Update Enrollment <p>Note: Prior to system implementation, CalPERS will provide Employers with a list of Appointment IDs for their employees. After system implementation, Employers can run a report online to generate a list of Appointment IDs</p>					



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH						
18	Person Identifier Type	<p>Description: Type of unique person identifier</p> <p>Explanation: When first reporting for a person, this ID can be SSN. On all subsequent transactions for the person, the Person Identifier Type CalPERS ID must be provided</p> <p>Required: This data is required</p> <p>Note: No notable information.</p>	R	Subscriber Health Enrollment	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Social Security Number</td><td>SSN</td></tr><tr><td>CalPERS Identification</td><td>PID</td></tr></table>	LONG NAME	CODE VALUE	Social Security Number	SSN	CalPERS Identification	PID	
LONG NAME	CODE VALUE												
Social Security Number	SSN												
CalPERS Identification	PID												



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
19	Person Identifier	<p>Description: The unique identifier of the person who qualifies for health enrollment</p> <p>Explanation: If SSN is selected as Person ID Type, the number should be submitted using the following format:</p> <ul style="list-style-type: none"> The Social Security Number must be nine digits Social Security Numbers cannot start with 8, 9, or 666 Each section of the Social Security Number cannot be all zeroes (i.e., 000#####, ###00####, and #####0000 are each prohibited) <p>The CalPERS ID, which is 10-digits, will be created and stored by the new system during enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of a Social Security Number in subsequent enrollment files. Prior to system “go-live”, CalPERS will send employers a file with the Person Identifier CalPERS ID for each of their existing employees and dependents</p>	R	Subscriber Health Enrollment	String	<p>##### (SSN)</p> <p>##### (CalPERS ID)</p>	10



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
20	New SSN	<p>Description: The New SSN is a correction to the Social Security Number</p> <p>Explanation: Used to correct a member's Social Security Number</p> <p>Required: No required data</p> <p>Note: Data accepted for Health Event Type 'Update Enrollment' and Health Event Reason 'Update Demographics'</p>	O	Subscriber Health Enrollment	String	#####	9



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
21	Original Hire Date	<p>Description: The first hire date recorded for this Employee at this Employer, regardless of whether or not the Employee qualified for health benefits on this date</p> <p>Explanation: See description.</p> <p>Required: When Transaction Type is 'New Enrollment' and the individual being reported is a non-PERS Health Subscriber</p> <p>Note: Data elements 21 – 49 are grouped together, because all apply to the Person</p> <p>"Person" refers to the health subscriber, who is the direct recipient of the health benefits (e.g., Member, Survivor)</p>	C	Subscriber Health Enrollment	Date	yyyy-mm-dd	10



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH																																										
22	Prefix	<p>Description: The Person's title</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: No notable information</p>	O	Subscriber Health Enrollment	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Assembly Member</td><td>ASM</td></tr><tr><td>Chief</td><td>CHI</td></tr><tr><td>Councilman</td><td>COU</td></tr><tr><td>Councilwoman</td><td>CCW</td></tr><tr><td>Dean</td><td>DEA</td></tr><tr><td>Doctor</td><td>DR</td></tr><tr><td>Judge</td><td>JUD</td></tr><tr><td>Mayor</td><td>MAY</td></tr><tr><td>Miss</td><td>MIS</td></tr><tr><td>Mister</td><td>MR</td></tr><tr><td>Mrs</td><td>MRS</td></tr><tr><td>Ms</td><td>MS</td></tr><tr><td>President</td><td>PRE</td></tr><tr><td>Professor</td><td>PRO</td></tr><tr><td>Senator</td><td>SEN</td></tr><tr><td>Superintendent</td><td>SUP</td></tr><tr><td>Supervisor</td><td>SVR</td></tr><tr><td>The Honorable</td><td>HON</td></tr><tr><td>Justice</td><td>JUS</td></tr><tr><td>Chief Justice</td><td>CHJ</td></tr></table>	LONG NAME	CODE VALUE	Assembly Member	ASM	Chief	CHI	Councilman	COU	Councilwoman	CCW	Dean	DEA	Doctor	DR	Judge	JUD	Mayor	MAY	Miss	MIS	Mister	MR	Mrs	MRS	Ms	MS	President	PRE	Professor	PRO	Senator	SEN	Superintendent	SUP	Supervisor	SVR	The Honorable	HON	Justice	JUS	Chief Justice	CHJ	3
LONG NAME	CODE VALUE																																																
Assembly Member	ASM																																																
Chief	CHI																																																
Councilman	COU																																																
Councilwoman	CCW																																																
Dean	DEA																																																
Doctor	DR																																																
Judge	JUD																																																
Mayor	MAY																																																
Miss	MIS																																																
Mister	MR																																																
Mrs	MRS																																																
Ms	MS																																																
President	PRE																																																
Professor	PRO																																																
Senator	SEN																																																
Superintendent	SUP																																																
Supervisor	SVR																																																
The Honorable	HON																																																
Justice	JUS																																																
Chief Justice	CHJ																																																



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
23	First Name	Description: The Person's first name Explanation: See description Required: This data is required Note: Only Alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted	R	Subscriber Health Enrollment	String	xxxxxxxxxxxxxxxxxxxxxx	20
24	Middle Name	Description: The Person's middle name Explanation: See description Required: No required data Note: Alpha characters only and will allow blank spaces, hyphens (-), and apostrophes (')	O	Subscriber Health Enrollment	String	xxxxxxxxxxxxxxxxxxxxxx	20



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH								
25	Last Name	<p>Description: The Person's last name</p> <p>Explanation: See description</p> <p>Required: This data is required</p> <p>Note: Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted.</p> <ul style="list-style-type: none">• Minimum of one alpha character.• Cannot begin with a blank space	R	Subscriber Health Enrollment	String	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	30								
26	Gender	<p>Description: The Person's gender</p> <p>Explanation: See description</p> <p>Required: This data is required</p> <p>Note: No notable information</p>	R	Subscriber Health Enrollment	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Male</td><td>M</td></tr><tr><td>Female</td><td>F</td></tr><tr><td>Unknown</td><td>U</td></tr></table>	LONG NAME	CODE VALUE	Male	M	Female	F	Unknown	U	3
LONG NAME	CODE VALUE														
Male	M														
Female	F														
Unknown	U														



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
27	Birth Date	Description: The Person's date of birth Explanation: See description Required: This data is required Note: No notable information	R	Subscriber Health Enrollment	Date	yyyy-mm-dd	10



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH																												
28	Suffix	<p>Description: The Person’s suffix, if applicable</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: No notable information</p>	O	Subscriber Health Enrollment	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Senior</td><td>SR</td></tr><tr><td>Junior</td><td>JR</td></tr><tr><td>First</td><td>I</td></tr><tr><td>Second</td><td>II</td></tr><tr><td>Third</td><td>III</td></tr><tr><td>Fourth</td><td>IV</td></tr><tr><td>Fifth</td><td>V</td></tr><tr><td>Ph.D</td><td>PHD</td></tr><tr><td>MD</td><td>MD</td></tr><tr><td>CPA</td><td>CPA</td></tr><tr><td>Ed.D</td><td>EDD</td></tr><tr><td>Esq.</td><td>ESQ</td></tr><tr><td>DDS</td><td>DDS</td></tr></table>	LONG NAME	CODE VALUE	Senior	SR	Junior	JR	First	I	Second	II	Third	III	Fourth	IV	Fifth	V	Ph.D	PHD	MD	MD	CPA	CPA	Ed.D	EDD	Esq.	ESQ	DDS	DDS	3
LONG NAME	CODE VALUE																																		
Senior	SR																																		
Junior	JR																																		
First	I																																		
Second	II																																		
Third	III																																		
Fourth	IV																																		
Fifth	V																																		
Ph.D	PHD																																		
MD	MD																																		
CPA	CPA																																		
Ed.D	EDD																																		
Esq.	ESQ																																		
DDS	DDS																																		



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH																		
29	Address Type	<p>Description: The Person's type of address</p> <p>Explanation: See description</p> <p>Required for Health Event Type:</p> <ul style="list-style-type: none">• New Enrollment• 'Cancel Coverage', if Health Event Reason is 'Enrolled into Flex Elect'• 'COBRA New Enrollment', if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting' <p>Note: Only one address type can be submitted with each health enrollment transaction</p>	C	Subscriber Health Enrollment	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Mailing Address</td><td>MAI</td></tr><tr><td>Physical Address</td><td>PHY</td></tr><tr><td>Benefit Payment Address</td><td>BPA</td></tr><tr><td>Rollover 1 Address</td><td>RO1</td></tr><tr><td>Rollover 2 Address</td><td>RO2</td></tr><tr><td>IME Appointment Address</td><td>APP</td></tr><tr><td>USPS Provided</td><td>USP</td></tr><tr><td>Third Party Provided</td><td>TPP</td></tr></table>	LONG NAME	CODE VALUE	Mailing Address	MAI	Physical Address	PHY	Benefit Payment Address	BPA	Rollover 1 Address	RO1	Rollover 2 Address	RO2	IME Appointment Address	APP	USPS Provided	USP	Third Party Provided	TPP	3
LONG NAME	CODE VALUE																								
Mailing Address	MAI																								
Physical Address	PHY																								
Benefit Payment Address	BPA																								
Rollover 1 Address	RO1																								
Rollover 2 Address	RO2																								
IME Appointment Address	APP																								
USPS Provided	USP																								
Third Party Provided	TPP																								



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
30	Use Address for Health	<p>Description: Indicates that the Person's address should be used for health enrollment</p> <p>Explanation: See description</p> <p>Required for Health Event Type 'COBRA New Enrollment' if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting'</p> <p>Data accepted if reported for Health Event Types 'New Enrollment' and 'Cancel Coverage'</p> <p>Note: If a PO Box is given, this will result in an error</p>	C	Subscriber Health Enrollment	String	True	5



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
31	Health Eligibility ZIP Code Type	<p>Description: The type of ZIP Code used to determine health eligibility</p> <p>Explanation: See description</p> <p>Required when Health Event Types:</p> <ul style="list-style-type: none">• New Enrollment• Change Health Plan• 'Cancel Coverage', when Health Event Reason is 'Enrolled into Flex Elect'• 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' <p>Note: No notable information</p>	C	Subscriber Health Enrollment	String	Personal Employer	10



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
32	Health Eligibility ZIP Code	<p>Description: The health eligibility ZIP Code</p> <p>Explanation: This field is required if Health Eligibility ZIP Code Type is 'Personal' or 'Employer'</p> <ul style="list-style-type: none">• Use a numeric format• Must be a US ZIP Code <p>Required when Health Event Types:</p> <ul style="list-style-type: none">• New Enrollment• Change Health Plan• 'Cancel Coverage', when Health Event Reason is 'Enrolled into Flex Elect'• 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' <p>Note: If the 'Use Address for Health' is selected, and 'Personal' is selected, the ZIP Code for the address must match the ZIP Code provided for the Health Eligibility ZIP Code</p>	C	Subscriber Health Enrollment	String	#####	5



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
33	County	<p>Description: The county the Employee designates for health eligibility</p> <p>Explanation: See description</p> <p>Required when Health Event Types:</p> <ul style="list-style-type: none">• New Enrollment• Change Health Plan• 'Cancel Coverage', when Health Event Reason is 'Enrolled into Flex Elect'• 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' <p>Note: No notable information</p>	C	Subscriber Health Enrollment	String	See Appendix A, Section 5	3



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
34	Address 1	<p>Description: The first address line of the address to be entered.</p> <p>Explanation: Typically used for the person's street address or "in care of" information.</p> <p>Required when Health Event Types:</p> <ul style="list-style-type: none">• New Enrollment• Change Health Plan• 'Cancel Coverage,' when Health Event Reason is 'Enrolled into Flex Elect'• 'COBRA New Enrollment' when 'Eligibility Basis is COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' <p>Note: If the address is an apartment or suite number, and cannot fit in Address 1, then use Address 2</p>	C	Subscriber Health Enrollment	String	<p>Free form text of up to 30 characters</p> <p>This data element will not permit the following characters:</p>	30



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
35	Address 2	<p>Description: The second address line</p> <p>Explanation: Typically used for the person's street address if address line 1 was used for "in care of" information; otherwise would be used for address information that does not fit on address line 1, such as; suite number, building name, room number, apartment number, etc</p> <p>Data accepted if 'Address 1' is supplied</p> <p>Required: No required data</p> <p>Note: If the c/o or apartment cannot fit in Address 2, then the overflow is put into Address 3</p>	O	Subscriber Health Enrollment	String	<p>Free form text of up to 30 characters</p> <p>This data element will not permit the following characters:</p>	30



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
36	Address 3	<p>Description: The third address line</p> <p>Explanation: Typically used for any address data that does not fit on address lines 1 and 2</p> <p>Data accepted if 'Address 1' is supplied</p> <p>Required: No required data</p> <p>Note: No notable information</p>	O	Subscriber Health Enrollment	String	<p>Free form text of up to 30 characters</p> <p>This data element will not permit the following characters:</p>	30
37	City	<p>Description: The city applicable to the address entered</p> <p>Explanation: Data accepted if 'Address 1' is supplied</p> <p>Required when transaction type is 'Address 1'</p> <p>Note: Data element accepts alpha and numeric characters</p>	C	Subscriber Health Enrollment	String	<p>Free form text of up to 30 characters</p> <p>This data element will not permit the following characters:</p>	30



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
38	State	<p>Description: The code value for the state applicable to the address entered, if country selected is United States of America (USA) or Mexico</p> <p>Explanation: See description</p> <p>Required if 'Country' is USA or Mexico and 'Address 1' is supplied</p> <p>Note: No notable information</p>	C	Subscriber Health Enrollment	String	See Appendix A, Section 3 This data element will not permit the following characters:	3



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
39	ZIP Code 5	<p>Description: The first five digits of the zip code for the address designated in Address Type</p> <p>Explanation: If 'Country' is USA, the following are required:</p> <ul style="list-style-type: none">• Use numeric format• The first five numbers of the ZIP Code <p>Required if 'Country' is USA and Address 1 is supplied</p> <p>Note: No notable information</p>	C	Subscriber Health Enrollment	String	#####	5



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
40	ZIP Code 4	Description: The next four digits of the zip code or the address designated in Address Type Explanation: Data accepted if 'ZIP Code – 5' digits is supplied Required: No required data Note: No notable information	O	Subscriber Health Enrollment	String	####	4
41	Country	Description: The code value for the country Explanation: See description Required if 'Address 1' is supplied Note: No notable information	C	Subscriber Health Enrollment	String	See Appendix A, Section 4	3



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH																										
42	Province/Territory	<p>Description: The province or territory which coincides with the Address Type</p> <p>Explanation: See description</p> <p>Required: If the 'Country' provided is Canada and 'Address 1' is supplied</p> <p>Note: If Country is not USA, Mexico, or Canada, then Province is optional and can be submitted through free form text.</p>	C	Subscriber Health Enrollment	String	<table><thead><tr><th>LONG NAME</th><th>CODE VALUE</th></tr></thead><tbody><tr><td>Alberta</td><td>AB</td></tr><tr><td>British Columbia</td><td>BC</td></tr><tr><td>Manitoba</td><td>MB</td></tr><tr><td>New Brunswick</td><td>NB</td></tr><tr><td>Newfoundland</td><td>NF</td></tr><tr><td>Northwest Territories</td><td>NT</td></tr><tr><td>Nova Scotia</td><td>NS</td></tr><tr><td>Ontario</td><td>ON</td></tr><tr><td>Prince Edward Island</td><td>PE</td></tr><tr><td>Quebec</td><td>PQ</td></tr><tr><td>Saskatchewan</td><td>SK</td></tr><tr><td>Yukon</td><td>YT</td></tr></tbody></table> <p>Free form text of up to 50 characters if Country not equal to Canada, USA, or Mexico.</p> <p>This data element will not permit the following characters:</p>	LONG NAME	CODE VALUE	Alberta	AB	British Columbia	BC	Manitoba	MB	New Brunswick	NB	Newfoundland	NF	Northwest Territories	NT	Nova Scotia	NS	Ontario	ON	Prince Edward Island	PE	Quebec	PQ	Saskatchewan	SK	Yukon	YT	50
LONG NAME	CODE VALUE																																
Alberta	AB																																
British Columbia	BC																																
Manitoba	MB																																
New Brunswick	NB																																
Newfoundland	NF																																
Northwest Territories	NT																																
Nova Scotia	NS																																
Ontario	ON																																
Prince Edward Island	PE																																
Quebec	PQ																																
Saskatchewan	SK																																
Yukon	YT																																



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
43	Postal Code	<p>Description: The International Postal Code</p> <p>Explanation: The International Postal Code is alphanumeric</p> <p>Required when Country indicated is Canada or Mexico</p> <p>Note: No notable information</p>	C	Subscriber Health Enrollment	String	Free form text of up to 12 characters	12



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH												
44	Phone Type	<p>Description: The phone type used (e.g. cellular, fax, office)</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: Data accepted for Health Event Type 'COBRA New Enrollment' if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting'; should not be provided for other Eligibility Basis values</p> <p>Data accepted for Health Event Type 'New Enrollment' and 'Cancel Coverage'</p>	O	Subscriber Health Enrollment	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Office</td><td>WRK</td></tr><tr><td>FAX</td><td>FAX</td></tr><tr><td>TDD</td><td>TDD</td></tr><tr><td>Cellular</td><td>CEL</td></tr><tr><td>Home</td><td>HOM</td></tr></table>	LONG NAME	CODE VALUE	Office	WRK	FAX	FAX	TDD	TDD	Cellular	CEL	Home	HOM	3
LONG NAME	CODE VALUE																		
Office	WRK																		
FAX	FAX																		
TDD	TDD																		
Cellular	CEL																		
Home	HOM																		



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
45	US Phone	<p>Description: The Person's contact phone number in the USA</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: When this field is selected, ten (10) numbers are required. The phone number may not contain spaces, hyphens (-), or parentheses ()</p> <p>Data accepted for Health Event Type 'COBRA New Enrollment' if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting' ; should not be provided for other Eligibility Basis values</p> <p>Data accepted for Health Event Type 'New Enrollment' and 'Cancel Coverage'</p> <p>The phone number may not contain any spaces, hyphens, or parentheses. Should only have numeric values</p>	C	Subscriber Health Enrollment	String	#####	10



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
46	International Phone	<p>Description: The Person's International contact phone number</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: Data accepted for Health Event Type 'COBRA New Enrollment' if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting' ; should not be provided for other Eligibility Basis values</p> <p>Data accepted for Health Event Type 'New Enrollment' and 'Cancel Coverage'</p>	O	Subscriber Health Enrollment	String	x(minimum 3 digits, and up to 24 digits), plus signs, dashes, spaces and parentheses are allowed.+ - ()	24



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
47	Extension	<p>Description: The extension of the Person's phone number provided</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: Will only accept numeric values</p> <p>Data accepted for the Health Event Types 'New Enrollment', 'Cancel Coverage', and 'COBRA New Enrollment'</p>	O	Subscriber Health Enrollment	String	#####	5
48	Email	<p>Description: The Person's email address</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: Data accepted for the Health Event Types 'New Enrollment', 'Cancel Coverage', and 'COBRA New Enrollment'</p>	O	Subscriber Health Enrollment	String	xxxxx@xxxxx.xxx xxxxx@xxxxx.xx.xxx [xxxxx.ca.gov] xxxxx@xxxxx.xx.xx [xxxxx.ci.us]	50



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH						
49	Qualifying Person ID Type	<p>Description: The type of unique identifier for the member that qualifies the Subscriber for health enrollment</p> <p>Explanation: When first reporting for an employee, this ID can be SSN. On all subsequent transactions for the employee, the CalPERS ID must be provided</p> <p>Data accepted if reported for Health Event Type 'Cancel Coverage'</p> <p>Required for Health Event Type:</p> <ul style="list-style-type: none">• 'New Enrollment ' when Health Event Reason is 'STRS Survivor No Allowance'• 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'• 'Continued Enrollment' when Health Event Reason is 'Re-enroll SES/PA FFPO Survivor'	C	Subscriber Health Enrollment	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Social Security Number</td><td>SSN</td></tr><tr><td>CalPERS Identification</td><td>PID</td></tr></table>	LONG NAME	CODE VALUE	Social Security Number	SSN	CalPERS Identification	PID	3
LONG NAME	CODE VALUE												
Social Security Number	SSN												
CalPERS Identification	PID												



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		Note: Data elements 49-64 are grouped together, because all apply to the 'Qualifying Person'					
50	Qualifying Person ID	Description: The unique identifier of the member who qualifies the Subscriber for health enrollment Explanation: Data accepted if reported for Health Event Type 'Cancel Coverage' If SSN is selected as ID type, the number should be submitted using the following format: <ul style="list-style-type: none"> • The Social Security Number must be nine digits • Social Security Numbers cannot start with 8, 9, or 666 • Each section of the Social Security Number cannot be all zeroes (i.e., 000 #####, ###00####, and #####0000 are each prohibited) The CalPERS ID, which is 10-digits, will be created and stored by the new system during enrollment, and will be used to	C	Subscriber Health Enrollment	String	##### (SSN) ##### (CalPERS ID)	10



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		<p>identify participants when data is shared with CalPERS. It will be used in place of a Social Security Number in subsequent enrollment files. Prior to system “go-live”, CalPERS will send employers a file with the CalPERS IDs for each of their existing employees and dependents</p> <p>Required for Health Event Type:</p> <ul style="list-style-type: none">• ‘New Enrollment’ when Health Event Reason is ‘STRS Survivor No Allowance’• ‘COBRA New Enrollment’ when Eligibility Basis is ‘COBRA Qual Dependent’ or ‘COBRA Qualifying Dependent New Contracting’• ‘Continued Enrollment’ when Health Event Reason is ‘Re-enroll SES/PA FFPO Survivor’ <p>Note: No notable information</p>					



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
51	Permanent Separation Date	<p>Description: Last day of a qualifying individual's employment</p> <p>Explanation: See description</p> <p>Required for Health Event Type 'Cancel Coverage':</p> <ul style="list-style-type: none">• If the individual is a non-PERS Health Subscriber; or• If the Health Event Reason is either 'Cancel Perm Separation' or 'Layoff Cancel' <p>Required for Health Event Type 'COBRA New Enrollment':</p> <ul style="list-style-type: none">• If Eligibility Basis is either 'COBRA Qual Subscriber' or 'COBRA Qualifying Subscriber New Contracting,' and if individual is Non-PERS <p>Note: No notable information</p>	C	Subscriber Health Enrollment	Date	yyyy-mm-dd	10



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
52	Retirement Date	<p>Description: The retirement date of the qualifying individual</p> <p>Explanation:</p> <ul style="list-style-type: none">• See description <p>Required if the individual is a non-PERS Health Subscriber and Health Event Types are:</p> <ul style="list-style-type: none">• New Enrollment• Continued Enrollment <p>Note: No notable information</p>	C	Subscriber Health Enrollment	Date	yyyy-mm-dd	10



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
53	First Name	<p>Description: The first name of the member who qualifies the Subscriber for health Enrollment</p> <p>Explanation: See description</p> <p>Required: This data is required</p> <p>Note: The following characters are permitted:</p> <ul style="list-style-type: none">• Only Alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted	R	Subscriber Health Enrollment	String	xxxxxxxxxxxxxxxxxxxxxx	20



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
54	Middle Name	<p>Description: The middle name of the member who qualifies the Subscriber for health Enrollment</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: Only alpha and will allow blank spaces, hyphens (-), and apostrophes (')</p>	O	Subscriber Health Enrollment	String	xxxxxxxxxxxxxxxxxxxxxx	20



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
55	Last Name	<p>Description: The last name of the member who qualifies the Subscriber for health Enrollment</p> <p>Explanation: See description</p> <p>Required: This data is required</p> <p>Note: The following characters are permitted:</p> <ul style="list-style-type: none">• Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted• Minimum of one alpha character• Cannot start with a blank space	R	Subscriber Health Enrollment	String	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	30



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH								
56	Gender	<p>Description: The gender of the member who qualifies the Subscriber for health enrollment.</p> <p>Explanation: Data accepted if reported for Health Event Type ‘Cancel Coverage’</p> <p>Required for Health Event Type:</p> <ul style="list-style-type: none">• ‘New Enrollment’ when Health Event Reason is ‘STRS Survivor No Allowance’• ‘COBRA New Enrollment’ when Eligibility Basis is ‘COBRA Qual Dependent’ or ‘COBRA Qualifying Dependent New Contracting’• ‘Continued Enrollment’ when Health Event Reason is ‘Re-enroll SES/PA FFPO Survivor’ <p>Note: No notable information</p>	C	Subscriber Health Enrollment	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Male</td><td>M</td></tr><tr><td>Female</td><td>F</td></tr><tr><td>Unknown</td><td>U</td></tr></table>	LONG NAME	CODE VALUE	Male	M	Female	F	Unknown	U	3
LONG NAME	CODE VALUE														
Male	M														
Female	F														
Unknown	U														



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
57	Birth Date	<p>Description: The date of birth of the member who qualifies the Subscriber for health enrollment</p> <p>Explanation: Data accepted if reported for Health Event Type 'Cancel Coverage'</p> <p>Required for Health Event Type:</p> <ul style="list-style-type: none">• 'New Enrollment when Health Event Reason is 'STRS Survivor No Allowance'• 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'• 'Continued Enrollment' when Health Event Reason is 'Re-enroll SES/PA FFPO Survivor' <p>Note: No notable information</p>	C	Subscriber Health Enrollment	Date	yyyy-mm-dd	10



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH										
58	Eligibility Basis	<p>Description: The basis for COBRA eligibility</p> <p>Explanation: See description</p> <p>Required for Health Event Type 'COBRA New Enrollment'</p> <p>Note: No notable information</p>	C	Subscriber Health Enrollment	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>COBRA Qualifying Subscriber</td><td>CSB</td></tr><tr><td>COBRA Qualifying Dependent</td><td>CDT</td></tr><tr><td>COBRA Qualifying Subscriber New Contracting</td><td>CSC</td></tr><tr><td>COBRA Qualifying Dependent New Contracting</td><td>CDC</td></tr></table>	LONG NAME	CODE VALUE	COBRA Qualifying Subscriber	CSB	COBRA Qualifying Dependent	CDT	COBRA Qualifying Subscriber New Contracting	CSC	COBRA Qualifying Dependent New Contracting	CDC	3
LONG NAME	CODE VALUE																
COBRA Qualifying Subscriber	CSB																
COBRA Qualifying Dependent	CDT																
COBRA Qualifying Subscriber New Contracting	CSC																
COBRA Qualifying Dependent New Contracting	CDC																
59	Original COBRA Start Date	<p>Description: The first day of COBRA health enrollment coverage</p> <p>Explanation: See description</p> <p>Required for Health Event Type 'COBRA New Enrollment'</p> <p>Note: No notable information</p>	C	Subscriber Health Enrollment	Date	yyyy-mm-dd	10										



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH								
60	Affiliated Association	<p>Description: The affiliated association of the qualifying Individual</p> <p>Explanation: See description</p> <p>Required if the ‘Medical Plan’ selected is an affiliated association</p> <p>Note: No notable information</p>	C	Subscriber Health Enrollment	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>California Associations of Highway Patrol</td><td>001</td></tr><tr><td>California Correctional Peace Officers Association</td><td>002</td></tr><tr><td>Peace Officers Research Association of California</td><td>003</td></tr></table>	LONG NAME	CODE VALUE	California Associations of Highway Patrol	001	California Correctional Peace Officers Association	002	Peace Officers Research Association of California	003	3
LONG NAME	CODE VALUE														
California Associations of Highway Patrol	001														
California Correctional Peace Officers Association	002														
Peace Officers Research Association of California	003														
61	Medical Plan Selection	<p>Description: Used to select a medical plan</p> <p>Explanation: The list of Medical Plans will be updated by CalPERS and distributed, on an as-needed-basis annually</p> <p>If updating or changing dependent address, this field need not be completed</p> <p>Required when ‘Apply to Medical’ is True for the following Health Event Types:</p> <ul style="list-style-type: none">• New Enrollment• Change Health Plan• Continued Enrollment	C	Subscriber Health Enrollment	String	The list of Medical Plans and their associated three digit code values will be distributed as the “go-live” date approaches	3								



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		<p>Required under the Health Event Type 'COBRA New Enrollment' and 'Continued Enrollment' under the following conditions:</p> <ul style="list-style-type: none">• 'Apply to Medical' is selected as 'True' and• Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' <p>Required for Health Event Type 'Open Enrollment' when 'Apply to Medical' is True and the Health Event Reason: is:</p> <ul style="list-style-type: none">• New Enrollment, or• Change Health Plan <p>Note: No notable information</p>					



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
62	Medical Group	<p>Description: The medical group of the qualifying Individual</p> <p>Explanation: The system will generate a unique number for the medical group for the State</p> <p>Required for Health Event Types:</p> <ul style="list-style-type: none">• New Enrollment• COBRA New Enrollment• Continued Enrollment• 'Update Enrollment' if Health Event Reason is 'Change Medical Group' <p>Note: For State Agencies group numbers will be distributed as the "go-live" date approaches</p>	C	Subscriber Health Enrollment	String		3



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
63	Dental Plan Selection <i>(placeholder data tied to future legislation)</i>	Description: If dental becomes an option in the future, this would be used to select a dental plan Explanation: See description Required: No required data Note: No notable information	C	Subscriber Health Enrollment	String		3
64	Vision Plan Selection <i>(placeholder data tied to future legislation)</i>	Description: If vision becomes an option in the future, this would be used to select a vision plan Explanation: See description Required: No required data Note: No notable information	C	Subscriber Health Enrollment	String		3



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH						
65	Dependent Identifier Type	<p>Description: The type of person identifier available for the Dependent</p> <p>Explanation: Type of unique employee identifier. On first report of an employee, this can be SSN. On all subsequent transactions for the employee, this will be the Dependent Identifier Type CalPERS ID</p> <p>Required for Health Event Types:</p> <ul style="list-style-type: none">• Delete Dependent• Change Dependent Address <p>Required when Dependent Relationship is 'Spouse' or 'Domestic Partner' for the following Health Event Types:</p> <ul style="list-style-type: none">• New Enrollment• Add Dependent <p>Required when Dependent Relationship is 'Spouse' or 'Domestic Partner' and the Health Event Type is 'COBRA New Enrollment', and Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA</p>	C	Dependent Information	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Social Security Number</td><td>SSN</td></tr><tr><td>CalPERS Identification</td><td>PID</td></tr></table>	LONG NAME	CODE VALUE	Social Security Number	SSN	CalPERS Identification	PID	3
LONG NAME	CODE VALUE												
Social Security Number	SSN												
CalPERS Identification	PID												



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		<p>Qualifying Dependent New Contracting'</p> <p>Required when Dependent Relationship is 'Spouse' or 'Domestic Partner' for the following Health Event Types during Open Enrollment: 'New Enrollment' and 'Add Dependent'</p> <p>Required if Health Event Reason is 'Delete Dependent' in Open Enrollment</p> <p>Note: Data elements 65 – 92 are grouped together, as they all apply to a Dependent</p>					
66	Dependent Identifier	<p>Description: Type of unique identifier</p> <p>Explanation: If SSN is selected as the ID type, the number should be submitted using the following format:</p> <ul style="list-style-type: none"> • The Social Security Number must be nine digits • Social Security Numbers cannot start with 8, 9, or 666 	C	Dependent Information	String	<p>##### (SSN)</p> <p>##### (CalPERS ID)</p>	10



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		<ul style="list-style-type: none">Each section of the Social Security Number cannot be all zeroes (i.e., 000#####, ###00####, and #####0000 are each prohibited) <p>Required for Health Event Types:</p> <ul style="list-style-type: none">Delete DependentChange Dependent Address <p>Required when Dependent Relationship is 'Spouse' or 'Domestic Partner' for the following Health Event Types:</p> <ul style="list-style-type: none">New EnrollmentAdd Dependent <p>Required when Dependent Relationship is 'Spouse' or 'Domestic Partner' and the Health Event Type is 'COBRA New Enrollment', and Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'</p> <p>Required when Dependent Relationship is 'Spouse' or 'Domestic Partner' for the following Health Event Types</p>					



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		<p>during Open Enrollment: 'New Enrollment' and 'Add Dependent'</p> <p>Required if Health Event Reason is 'Delete Dependent' in Open Enrollment</p> <p>The CalPERS ID, which is 10-digits, will be created and stored by the new system during enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of a Social Security Number in subsequent enrollment files. Prior to system "go-live", CalPERS will send employers a file with the CalPERS IDs for each of their existing employees and dependents</p> <p>Note: No notable information.</p>					



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH								
67	Dependent Gender	<p>Description: The Dependent’s gender</p> <p>Explanation: See description.</p> <p>Required if Dependent Identifier is provided.</p> <p>Note: No notable information</p>	C	Dependent Information	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Male</td><td>M</td></tr><tr><td>Female</td><td>F</td></tr><tr><td>Unknown</td><td>U</td></tr></table>	LONG NAME	CODE VALUE	Male	M	Female	F	Unknown	U	3
LONG NAME	CODE VALUE														
Male	M														
Female	F														
Unknown	U														
68	Dependent DOB	<p>Description: The Dependent’s date of birth</p> <p>Explanation: See description</p> <p>Required if Dependent Identifier is provided.</p> <p>Note: No notable information</p>	C	Dependent Information	Date	yyyy-mm-dd	10								



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
69	Dependent Prefix	Description: The Dependent's title Explanation: See description Required: No required data Note: No notable information	O	Dependent Information	String	LONG NAME	CODE VALUE	3
						Assembly Member	ASM	
						Chief	CHI	
						Councilman	COU	
						Councilwoman	CCW	
						Dean	DEA	
						Doctor	DR	
						Judge	JUD	
						Mayor	MAY	
						Miss	MIS	
						Mister	MR	
						Mrs	MRS	
						Ms	MS	
						President	PRE	
						Professor	PRO	
						Senator	SEN	
						Superintendent	SUP	
						Supervisor	SVR	
						The Honorable	HON	
						Justice	JUS	
						Chief Justice	CHJ	



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
70	Dependent First Name	Description: The Dependent's first name Explanation: See description Required if Dependent Identifier is provided. Note: Only Alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted	C	Dependent Information	String	xxxxxxxxxxxxxxxxxxxxxx	20
71	Dependent Middle Name	Description: The Dependent's middle name Explanation: See description Required: No required data Note: Alpha characters only and will allow blank spaces, hyphens (-), and apostrophes (')	O	Dependent Information	String	xxxxxxxxxxxxxxxxxxxxxx	20



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
72	Dependent Last Name	<p>Description: The Dependent's last name</p> <p>Explanation: See description</p> <p>Required if Dependent Identifier is provided.</p> <p>Note: Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted.</p> <ul style="list-style-type: none">• Minimum of one alpha character.• Cannot begin with a blank space	C	Dependent Information	String	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	30



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH																												
73	Dependent Suffix	<p>Description: The Dependent’s suffix, if applicable</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: No notable information</p>	O	Dependent Information	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Senior</td><td>SR</td></tr><tr><td>Junior</td><td>JR</td></tr><tr><td>First</td><td>I</td></tr><tr><td>Second</td><td>II</td></tr><tr><td>Third</td><td>III</td></tr><tr><td>Fourth</td><td>IV</td></tr><tr><td>Fifth</td><td>V</td></tr><tr><td>Ph.D</td><td>PHD</td></tr><tr><td>MD</td><td>MD</td></tr><tr><td>CPA</td><td>CPA</td></tr><tr><td>Ed.D</td><td>EDD</td></tr><tr><td>Esq.</td><td>ESQ</td></tr><tr><td>DDS</td><td>DDS</td></tr></table>	LONG NAME	CODE VALUE	Senior	SR	Junior	JR	First	I	Second	II	Third	III	Fourth	IV	Fifth	V	Ph.D	PHD	MD	MD	CPA	CPA	Ed.D	EDD	Esq.	ESQ	DDS	DDS	3
LONG NAME	CODE VALUE																																		
Senior	SR																																		
Junior	JR																																		
First	I																																		
Second	II																																		
Third	III																																		
Fourth	IV																																		
Fifth	V																																		
Ph.D	PHD																																		
MD	MD																																		
CPA	CPA																																		
Ed.D	EDD																																		
Esq.	ESQ																																		
DDS	DDS																																		



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
74	Date of Marriage/Partnership	<p>Description: The date the Dependent became a spouse/domestic partner of the Primary Subscriber</p> <p>Explanation: See description</p> <p>Required for Health Event Types 'New Enrollment', 'Add Dependent', or 'COBRA New Enrollment' if Dependent Identifier is supplied and Dependent Relationship is 'Spouse' or 'Domestic Partner'</p> <p>Note: No notable information</p>	C	Dependent Information	Date	yyyy-mm-dd	10
75	Address Same as Primary Subscriber	<p>Description: Indicates if the Dependent's address is the same as the Primary Subscriber</p> <p>Explanation: See description</p> <p>Required under the following conditions: If True, and Health Event Type is 'New Enrollment', then other dependent address information</p>	C	Dependent Information	String	True False	5



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		<p>is not needed (only applicable when dependent is added during New Enrollment)</p> <p>If True, and Health Event Type is 'Add Dependent' or 'Change Dependent Address', then other dependent address information is not needed</p> <p>Data accepted if Health Event Type is 'COBRA New Enrollment', and Eligibility Basis is 'COBRA Qual Subscriber'</p> <p>Data accepted if Health Event Type is 'COBRA New Enrollment', and Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'; For other Eligibility Basis status's can only carry over dependents from previous enrollment</p> <p>If True, and Health Event Type is 'Open Enrollment' and Health Event Reason is 'New Enrollment', then other dependent address information is not needed (only applicable when dependent is added</p>					



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		during new enrollment) If True, and Health Event Type is 'Open Enrollment' and Health Event Reason is 'Add Dependent', then other dependent address information is not needed Required: No required data Note: No notable information					



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH																		
76	Dependent Address Type	<p>Description: The Dependent’s type of address</p> <p>Explanation: See description</p> <p>Required for Health Event Type:</p> <ul style="list-style-type: none">• New Enrollment• ‘Cancel Coverage’, if Health Event Reason is ‘Enrolled into Flex Elect’• ‘COBRA New Enrollment’, if Eligibility Basis is either ‘COBRA Qual Dependent’ or ‘COBRA Qual Dependent New Contracting’ <p>Note: Only one address type can be submitted with each health enrollment transaction</p>	C	Dependent Information	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Mailing Address</td><td>MAI</td></tr><tr><td>Physical Address</td><td>PHY</td></tr><tr><td>Benefit Payment Address</td><td>BPA</td></tr><tr><td>Rollover 1 Address</td><td>RO1</td></tr><tr><td>Rollover 2 Address</td><td>RO2</td></tr><tr><td>IME Appointment Address</td><td>APP</td></tr><tr><td>USPS Provided</td><td>USP</td></tr><tr><td>Third Party Provided</td><td>TPP</td></tr></table>	LONG NAME	CODE VALUE	Mailing Address	MAI	Physical Address	PHY	Benefit Payment Address	BPA	Rollover 1 Address	RO1	Rollover 2 Address	RO2	IME Appointment Address	APP	USPS Provided	USP	Third Party Provided	TPP	3
LONG NAME	CODE VALUE																								
Mailing Address	MAI																								
Physical Address	PHY																								
Benefit Payment Address	BPA																								
Rollover 1 Address	RO1																								
Rollover 2 Address	RO2																								
IME Appointment Address	APP																								
USPS Provided	USP																								
Third Party Provided	TPP																								



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
77	Dependent Address 1	<p>Description: The first address line of the address to be entered.</p> <p>Explanation: Typically used for the person's street address or "in care of" information.</p> <p>Required when Health Event Types:</p> <ul style="list-style-type: none">• New Enrollment• Change Health Plan• 'Cancel Coverage,' when Health Event Reason is 'Enrolled into Flex Elect'• 'COBRA New Enrollment' when 'Eligibility Basis is COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' <p>Note: If the address is an apartment or suite number, and cannot fit in Address 1, then use Address 2</p>	C	Dependent Information	String	Free form text of up to 30 characters This data element will not permit the following characters:	30



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
78	Dependent Address 2	<p>Description: The second address line</p> <p>Explanation: Typically used for the person's street address if address line 1 was used for "in care of" information; otherwise would be used for address information that does not fit on address line 1, such as; suite number, building name, room number, apartment number, etc</p> <p>Data accepted if 'Address 1' is supplied</p> <p>Required: No required data</p> <p>Note: If the c/o or apartment cannot fit in Address 2, then the overflow is put into Address 3</p>	O	Dependent Information	String	<p>Free form text of up to 30 characters</p> <p>This data element will not permit the following characters:</p>	30



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
79	Dependent Address 3	<p>Description: The third address line</p> <p>Explanation: Typically used for any address data that does not fit on address lines 1 and 2</p> <p>Data accepted if 'Address 1' is supplied</p> <p>Required: No required data</p> <p>Note: No notable information</p>	O	Dependent Information	String	<p>Free form text of up to 30 characters</p> <p>This data element will not permit the following characters:</p>	30
80	Dependent City	<p>Description: The city applicable to the address entered</p> <p>Explanation: Data accepted if 'Address 1' is supplied</p> <p>Required when transaction type is 'Address Change'</p> <p>Note: Data element accepts alpha and numeric characters</p>	C	Dependent Information	String	<p>Free form text of up to 30 characters</p> <p>This data element will not permit the following characters:</p>	30



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
81	Dependent State	<p>Description: The code value for the state applicable to the address entered, if country selected is United States of America (USA) or Mexico</p> <p>Explanation: See description</p> <p>Required if 'Country' is USA or Mexico and 'Address 1' is supplied</p> <p>Note: No notable information</p>	C	Dependent Information	String	See Appendix A, Section 3 This data element will not permit the following characters:	3



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
82	Dependent ZIP Code 5	<p>Description: The first five digits of the zip code for the address designated in Address Type</p> <p>Explanation: If 'Country' is USA, the following are required:</p> <ul style="list-style-type: none">• Use numeric format• The first five numbers of the ZIP Code <p>Required if 'Country' is USA and Address 1 is supplied</p> <p>Note: No notable information</p>	C	Dependent Information	String	#####	5



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
83	Dependent ZIP Code 4	Description: The next four digits of the zip code or the address designated in Address Type Explanation: Data accepted if 'ZIP Code – 5' digits is supplied Required: No required data Note: No notable information	O	Dependent Information	String	####	4
84	Dependent Country	Description: The code value for the country Explanation: See description Required if: 'Address 1' is provided Note: No notable information	C	Dependent Information	String	See Appendix A, Section 4	3



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH																										
85	Dependent Province/Territory	<p>Description: The province or territory which coincides with the Address Type</p> <p>Explanation: See description</p> <p>Required: If the 'Country' provided is Canada and 'Address 1' is supplied</p> <p>Note: If Country is not USA, Mexico, or Canada, then Province is optional and can be submitted through free form text.</p>	C	Dependent Information	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Alberta</td><td>AB</td></tr><tr><td>British Columbia</td><td>BC</td></tr><tr><td>Manitoba</td><td>MB</td></tr><tr><td>New Brunswick</td><td>NB</td></tr><tr><td>Newfoundland</td><td>NF</td></tr><tr><td>Northwest Territories</td><td>NT</td></tr><tr><td>Nova Scotia</td><td>NS</td></tr><tr><td>Ontario</td><td>ON</td></tr><tr><td>Prince Edward Island</td><td>PE</td></tr><tr><td>Quebec</td><td>PQ</td></tr><tr><td>Saskatchewan</td><td>SK</td></tr><tr><td>Yukon</td><td>YT</td></tr></table> <p>Free form text of up to 50 characters if Country not equal to Canada, USA, or Mexico.</p> <p>This data element will not permit the following characters:</p>	LONG NAME	CODE VALUE	Alberta	AB	British Columbia	BC	Manitoba	MB	New Brunswick	NB	Newfoundland	NF	Northwest Territories	NT	Nova Scotia	NS	Ontario	ON	Prince Edward Island	PE	Quebec	PQ	Saskatchewan	SK	Yukon	YT	50
LONG NAME	CODE VALUE																																
Alberta	AB																																
British Columbia	BC																																
Manitoba	MB																																
New Brunswick	NB																																
Newfoundland	NF																																
Northwest Territories	NT																																
Nova Scotia	NS																																
Ontario	ON																																
Prince Edward Island	PE																																
Quebec	PQ																																
Saskatchewan	SK																																
Yukon	YT																																



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
86	Dependent Postal Code	<p>Description: The International Postal Code</p> <p>Explanation: The International Postal Code is alphanumeric</p> <p>Required if 'Country' is not USA and 'Address 1' is supplied</p> <p>Note: No notable information</p>	C	Dependent Information	String	Free form text of up to 12 characters	12



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH																																										
87	Dependent Relationship	<p>Description: The Dependent’s relationship to the Primary Subscriber</p> <p>Explanation: See description</p> <p>Required if Health Event Type is ‘Add Dependent’</p> <p>Required for Health Event Types ‘New Enrollment’ and ‘COBRA New Enrollment’ if Dependent Identifier is supplied</p> <p>Note: No notable information</p>	C	Dependent Information	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Spouse</td><td>SPO</td></tr><tr><td>Domestic Partner</td><td>DP</td></tr><tr><td>Sibling</td><td>SIB</td></tr><tr><td>Brother</td><td>BRO</td></tr><tr><td>Sister</td><td>SIS</td></tr><tr><td>Niece</td><td>NIE</td></tr><tr><td>Nephew</td><td>NEP</td></tr><tr><td>Grandchild</td><td>GC</td></tr><tr><td>Child</td><td>CHI</td></tr><tr><td>Parent</td><td>PAR</td></tr><tr><td>Step Child</td><td>SC</td></tr><tr><td>Domestic Partner Child</td><td>DPC</td></tr><tr><td>Step Grandchild</td><td>SG</td></tr><tr><td>Great Grandchild</td><td>GG</td></tr><tr><td>Cousin</td><td>COU</td></tr><tr><td>Ex-spouse</td><td>EXS</td></tr><tr><td>Ex-Domestic Partner</td><td>EXD</td></tr><tr><td>Other Person</td><td>OP</td></tr><tr><td>Removed</td><td>REM</td></tr><tr><td>Natural Parent</td><td>NP</td></tr></table>	LONG NAME	CODE VALUE	Spouse	SPO	Domestic Partner	DP	Sibling	SIB	Brother	BRO	Sister	SIS	Niece	NIE	Nephew	NEP	Grandchild	GC	Child	CHI	Parent	PAR	Step Child	SC	Domestic Partner Child	DPC	Step Grandchild	SG	Great Grandchild	GG	Cousin	COU	Ex-spouse	EXS	Ex-Domestic Partner	EXD	Other Person	OP	Removed	REM	Natural Parent	NP	3
LONG NAME	CODE VALUE																																																
Spouse	SPO																																																
Domestic Partner	DP																																																
Sibling	SIB																																																
Brother	BRO																																																
Sister	SIS																																																
Niece	NIE																																																
Nephew	NEP																																																
Grandchild	GC																																																
Child	CHI																																																
Parent	PAR																																																
Step Child	SC																																																
Domestic Partner Child	DPC																																																
Step Grandchild	SG																																																
Great Grandchild	GG																																																
Cousin	COU																																																
Ex-spouse	EXS																																																
Ex-Domestic Partner	EXD																																																
Other Person	OP																																																
Removed	REM																																																
Natural Parent	NP																																																



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH																											
88	Dependent Type	<p>Description: The type of Dependent</p> <p>Explanation: See description</p> <p>Required for Health Event Type 'Add Dependent'</p> <p>Required if dependent is added during Health Event Type 'New Enrollment'</p> <p>Required if Health Event Type is 'COBRA New Enrollment' and Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'; For other COBRA eligibilities can only carry over dependents from previous enrollment and is required</p> <p>Note: No notable information</p>	C	Dependent Information	String	<table><tr><th>LONG NAME</th><th>PARTICIPANT RELATIONSHIP</th><th>CODE VALUE</th></tr><tr><td>Dependent Natural Born Child</td><td>Child</td><td>DBC</td></tr><tr><td>Dependent Adopted Child</td><td>Child</td><td>DAC</td></tr><tr><td>Economically Dependent Child</td><td>Child, Niece, Nephew, Grandchild, Step Child, Domestic Partner Child, Step Grandchild, Great Grandchild</td><td>EDC</td></tr><tr><td>Spouse</td><td>Spouse</td><td>SPO</td></tr><tr><td>Step Child</td><td>Child</td><td>STC</td></tr><tr><td>Domestic Partner</td><td>Domestic Partner</td><td>DP</td></tr><tr><td>Domestic Partner Child</td><td>Child</td><td>DPC</td></tr><tr><td>Sibling</td><td>Sibling</td><td>SIB</td></tr></table>	LONG NAME	PARTICIPANT RELATIONSHIP	CODE VALUE	Dependent Natural Born Child	Child	DBC	Dependent Adopted Child	Child	DAC	Economically Dependent Child	Child, Niece, Nephew, Grandchild, Step Child, Domestic Partner Child, Step Grandchild, Great Grandchild	EDC	Spouse	Spouse	SPO	Step Child	Child	STC	Domestic Partner	Domestic Partner	DP	Domestic Partner Child	Child	DPC	Sibling	Sibling	SIB	3
LONG NAME	PARTICIPANT RELATIONSHIP	CODE VALUE																																
Dependent Natural Born Child	Child	DBC																																
Dependent Adopted Child	Child	DAC																																
Economically Dependent Child	Child, Niece, Nephew, Grandchild, Step Child, Domestic Partner Child, Step Grandchild, Great Grandchild	EDC																																
Spouse	Spouse	SPO																																
Step Child	Child	STC																																
Domestic Partner	Domestic Partner	DP																																
Domestic Partner Child	Child	DPC																																
Sibling	Sibling	SIB																																
89	Disabled Dependent Indicator	<p>Description: Indicates if the added dependent is a disabled, dependent child</p> <p>Explanation: Data accepted for Health Event</p>	O	Dependent Information	String	True False	5																											



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		<p>Type 'New Enrollment' if dependent is added during New Enrollment</p> <p>Data accepted for Health Event Type 'Add Dependent' if Eligibility Basis is 'COBRA Qual Subscriber'</p> <p>Not used for Health Event Type 'Add Dependent', if Eligibility Basis is 'COBRA Qual Dependent', or 'COBRA Qualifying Dependent New Contracting'; Can only carry over dependents from previous enrollment</p> <p>Data accepted during Health Event Type 'Open Enrollment' for Health Event Reason 'New Enrollment', if dependent is added during new enrollment</p> <p>Required: No required data</p> <p>Note: No notable information</p>					



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
90	Disabled Dependent Confirmation Indicator	<p>Description: Indicates that the Employer understands the disabled dependent enrollment is not confirmed until review by CalPERS</p> <p>Explanation: See description</p> <p>Required if Disabled Dependent Indicator is supplied</p> <p>Note: No notable information</p>	C	Dependent Information	String	True False	5
91	Economically Dependent Confirmation Indicator	<p>Description: Indicates if the economically dependent child was validated</p> <p>Explanation: See description</p> <p>Required if Dependent Type is 'Economically Dependent Child'</p> <p>Note: No notable information</p>	C	Dependent Information	String	True	5



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
92	Dependent Acquired Date	<p>Description: The date the child was declared economically dependent to the Subscriber.</p> <p>Explanation: See description.</p> <p>Required if 'Economically Dependent Confirmation indicator' is supplied</p> <p>Note: No notable information</p>	C	Dependent Information	Date	yyyy-mm-dd	10



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
93	Apply to Medical	<p>Description: Indicates if the Enrollment transaction should be applied to Medical</p> <p>Explanation: See description</p> <p>Required for the Health Event Types 'New Enrollment' and 'Add Dependent'</p> <p>Required for the Health Event Type 'COBRA New Enrollment' if the Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'</p> <p>Required for the Health Event Type 'Open Enrollment' if Health Enrollment Reason is 'New Enrollment'</p> <p>Required for the Health Event Type 'Open Enrollment' if Health Enrollment Reason is 'Add Dependent'</p> <p>Note: No notable information</p>	C	Dependent Information	String	True False	5



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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
94	Apply to Dental <i>(placeholder data element tied to future legislation)</i>	Description: If dental becomes an option in the future, this data element would indicate that the enrollment is applicable to dental benefit type Explanation: See description Required: No required data Note: No notable information	C	Dependent Information	String	True False	5
95	Apply to Vision <i>(placeholder data element tied to future legislation)</i>	Description: If vision becomes an option in the future, this data element would indicate that the enrollment is applicable to vision benefit type Explanation: See description Required: No required data Note: No notable information	C	Dependent Information	String	True False	5





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Appendix A – Field Values

1. Health Event Type Descriptions

Health Event Type	Code Value	Definition
Add Dependent	ADP	Add dependent for health coverage
Delete Dependent	DDP	Delete a dependent from health coverage
Cancel Coverage	CCO	Terminate health enrollment
Change Health Plan	CHP	Change medical, dental (future provision), or vision (future provision) plan for the health enrollment
Dependent Address Change	DEC	Update address information for existing dependents
Change Premium Payment Method	CPP	Direct Pay or Off-Pay status due to appointment events such as LOA & PI
New Enrollment	NEN	New health enrollment
Open Enrollment	OEN	Open enrollment health elections
Continued Enrollment	COE	Health enrollment coverage for the extended period between Active status and Retired status.
Update Enrollment	UEN	Update address information for the Subscriber; Update Medical Group assignments for health benefits
COBRA New Enrollment	CNE	Continuation of health enrollment (under COBRA) due to cancel coverage based on events such as permanent separation, 23 year old dependent, or divorce

2. Health Event Reason (Sorted by Health Event Types, Ascending)

LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
Birth/placement	200	Add Dependent
Court Order	208	Add Dependent
Custody	202	Add Dependent
Domestic Partner Add	215	Add Dependent
Domestic Partner Child Add	216	Add Dependent
Economically dependent	203	Add Dependent
Loss of Coverage	204	Add Dependent



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LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
Marriage	201	Add Dependent
Medically Disabled	210	Add Dependent
Off pay Open Enrollment	207	Add Dependent
Return from Military Leave	205	Add Dependent
Special Enrollment Dependent	213	Add Dependent
Appeal denied	507	Cancel Coverage
Cancel: Perm Separation	515	Cancel Coverage
Cancel; PA/Sch Site Chg	529	Cancel Coverage
Change in appt. outside b/u	501	Cancel Coverage
Insufficient Hours	500	Cancel Coverage
Layoff Cancel	516	Cancel Coverage
Military Leave	534	Cancel Coverage
Off Pay Status Cancel	533	Cancel Coverage
Subscriber Death	526	Cancel Coverage
Subscriber request	505	Cancel Coverage
Subscriber Request - COBRA	536	Cancel Coverage
Time base/tenure chg	502	Cancel Coverage
Association membership	403	Change Health Plan
Cancel Eligibility Zip - Employer	481	Change Health Plan
Change Eligibility Zip - Employer	480	Change Health Plan
Move	402	Change Health Plan
Off Pay during Open Enrollment	401	Change Health Plan
Out of association plan	404	Change Health Plan
Special Enrollment - Change Health Plan	405	Change Health Plan
Chg to deduct-FMLA	715	Change Premium Payment Method
Chg to deduct-Return to Work	712	Change Premium Payment Method
CSU Inactive	708	Change Premium Payment Method
Insufficient earnings	709	Change Premium Payment Method



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LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
LOA	704	Change Premium Payment Method
Pending NDI	710	Change Premium Payment Method
PI/ off pay	706	Change Premium Payment Method
Suspension	707	Change Premium Payment Method
Worker Comp/Claim Pending	705	Change Premium Payment Method
COBRA Death of Employee	134	COBRA New Enrollment
COBRA Dep Cont-Sub on Medicare	135	COBRA New Enrollment
COBRA Div/Sep/Mv from Household	133	COBRA New Enrollment
COBRA Loss of Dependent Status	136	COBRA New Enrollment
COBRA Loss of Employment	132	COBRA New Enrollment
COBRA Reduction in Hours	131	COBRA New Enrollment
Pending Retirement	119	Continued Enrollment
Pending Retirement - Deferred Retirees	147	Continued Enrollment
Re-enroll SES/PA FFPO Survivor	146	Continued Enrollment
23 year old dependent	301	Delete Dependent
Change of custody	312	Delete Dependent
Death of Dependent	300	Delete Dependent
Divorce	302	Delete Dependent
Domestic Partner Child Term	319	Delete Dependent
Domestic Partner Term	318	Delete Dependent
Enroll Own Right Dependent	304	Delete Dependent
Gains other coverage	307	Delete Dependent



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LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
Ineligible dependent	306	Delete Dependent
Legal separation	308	Delete Dependent
Loss economic dependence	310	Delete Dependent
Marriage of Dependent Child	303	Delete Dependent
Military - Del Dependent	309	Delete Dependent
No longer certifiable	305	Delete Dependent
Optional Delete	311	Delete Dependent
Vacates household	313	Delete Dependent
Address Update	900	Dependent Address Change
BU 06 PI Cadet New Enroll	153	New Enrollment
Enroll Own right Employees	108	New Enrollment
Late or Loss of Coverage (Emp)	101	New Enrollment
Layoff: Enroll Direct Pay	123	New Enrollment
Military - New Enrollment	103	New Enrollment
Off Pay during O/E	111	New Enrollment
Off Pay eligible PI	107	New Enrollment
Re-employment	167	New Enrollment
Reinstatement	102	New Enrollment
Return from Off Pay Status	160	New Enrollment
Special Enrollment Employees	129	New Enrollment
State Retiree - Dental Enrollment	166	New Enrollment
Surv Benefits Paid by ER	145	New Enrollment
Time Base & Tenure	100	New Enrollment
Time Base, Tenure, Hours	106	New Enrollment
Enrolled into Flex Elect	503	Open Enrollment
OE Cancel Coverage	530	Open Enrollment
Open Enrollment Add Dep	206	Open Enrollment
Open Enrollment Change Health Plan	400	Open Enrollment
Open Enrollment Delete Dependent	320	Open Enrollment
Open Enrollment Employees New Enrollment	104	Open Enrollment



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LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
Update Demographics	905	Update Enrollment

3. State Code Values (Sorted by Country, Ascending)

LONG NAME	CODE VALUE	COUNTRY
Aguascalientes	AG	MEX
Baja California, Norte	BJ	MEX
Baja California, Sur	BS	MEX
Campeche	CP	MEX
Chiapas	CHI	MEX
Chihuahua	CI	MEX
Coahuila	CU	MEX
Colima	CL	MEX
Distrito Ferderal	DF	MEX
Durango	DG	MEX
Guanajuato	GJ	MEX
Guerrero	GR	MEX
Hidalgo	HG	MEX
Jalisco	JA	MEX
Mexico	EM	MEX
Michoacan	MH	MEX
Moreios	MR	MEX
Nayarit	NA	MEX
NuevoLeon	NL	MEX
Oaxaca	OA	MEX
Puebla	PU	MEX
Queretaro	QA	MEX



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Quintana Roo	QR	MEX
San Luis Potosi	SL	MEX
Sinaloa	SI	MEX
Sonora	SO	MEX
Tabasco	TA	MEX
Tamaulipas	TM	MEX
Tlaxcala	TL	MEX
Veracruz	VZ	MEX
Yucatan	YC	MEX
Zacatecas	ZT	MEX
California	CA	USA
Alabama	AL	USA
Alaska	AK	USA
American Samoa	AS	USA
Arizona	AZ	USA
Arkansas	AR	USA
Armed Forces Europe	AE	USA
Armed Forces Pacific	AP	USA
Armed Forces the Americas	AA	USA
Colorado	CO	USA
Connecticut	CT	USA
Delaware	DE	USA
District of Columbia	DC	USA
Federated States of Micronesia	FM	USA
Florida	FL	USA
Georgia	GA	USA
Guam	GU	USA
Hawaii	HI	USA



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Idaho	ID	USA
Illinois	IL	USA
Indiana	IN	USA
Iowa	IA	USA
Kansas	KS	USA
Kentucky	KY	USA
Louisiana	LA	USA
Maine	ME	USA
Marshall Islands	MI	USA
Maryland	MD	USA
Massachusetts	MA	USA
Michigan	MG	USA
Minnesota	MN	USA
Mississippi	MS	USA
Missouri	MO	USA
Montana	MT	USA
Nebraska	NE	USA
Nevada	NV	USA
New Hampshire	NH	USA
New Jersey	NJ	USA
New Mexico	NM	USA
New York	NY	USA
North Carolina	NC	USA
North Dakota	ND	USA
North Mariana Islands	MP	USA
Ohio	OH	USA
Oklahoma	OK	USA
Oregon	OR	USA



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Palau	PW	USA
Pennsylvania	PA	USA
Puerto Rico	PR	USA
Rhode Island	RI	USA
South Carolina	SC	USA
South Dakota	SD	USA
Tennessee	TN	USA
Texas	TX	USA
Utah	UT	USA
Vermont	VT	USA
Virgin Islands	VI	USA
Virginia	VA	USA
Washington	WA	USA
West Virginia	WV	USA
Wisconsin	WI	USA
Wyoming	WY	USA

4. Country Code Values

LONG NAME	CODE VALUES
United States	US
Canada	CA
Mexico	MX
Afghanistan	AF
Albania	AL
Algeria	DZ



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American Samoa	AS
Andorra	AD
Angola	AO
Anguilla	AI
Antarctica	AQ
Antigua & Barbuda	AG
Argentina	AR
Armenia	AM
Aroe Islands	FO
Aruba	AW
Ashmore & Cartier Islands	AC
Australia	AU
Austria	AT
Azerbaijan	AZ
Azores	P2
Bahamas	BS
Bahrain	BH
Baker Island	FQ
Bangladesh	BD
Barbados	BB
Bassas Da India	DI
Belarus	BY
Belgium	BE
Belize	BZ
Benin	BJ
Bermuda	BM
Bhutan	BT
Bolivia	BO
Bosnia-Herzegovina	BA
Botswana	BW
Bouvet Island	BV



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Brazil	BR
British Indian Ocean Terr	IO
Brunei	BN
Bulgaria	BG
Burkina Faso	BF
Burma	BU
Burundi	BI
Cambodia	KH
Cameroon	CM
Canary Islands	S2
Cape Verde	CV
Cayman Islands	KY
Central African Republic	CF
Chad	TD
Chile	CL
China	CN
Christmas Island (Pacific)	CX
Christmas Islnd-Indian Ocn	KT
Clipperton Island	IP
Cocos (Keeling) Islands	CC
Colombia	CO
Comoros	KM
Congo	CG
Cook Islands	CK
Coral Sea Islands Terrtry	CT
Costa Rica	CR
Croatia	HR
Cuba	CU
Cyprus	CY
Czech Republic	CZ
Denmark	DK



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Djibouti	DJ
Dominica	DM
Dominican Republic	DO
Ecuador	EC
Egypt	EG
El Salvador	SV
England	U5
Equatorial Guinea	GQ
Eritrea	ER
Estonia	EE
Ethiopia	ET
Europa Island	EU
Falkland Islands	FA
Fiji	FJ
Finland	FI
France	FR
French Guiana	GF
French Polynesia	FP
French Southern Antarctic	FS
Gabon	GA
Gambia	GM
Gaza Strip	GZ
Georgia	GE
Germany	DE
Ghana	GH
Gibraltar	GI
Glorioso Islands	GO
Greece	GR
Greenland	GL
Grenada	GD
Guadeloupe	GP



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Guam	GU
Guatemala	GT
Guernsey	GG
Guinea	GN
Guinea Bissau	GW
Guyana	GY
Haiti	HT
Heard McDonald Islands	HM
Honduras	HN
Hong Kong	HK
Howland Island	HQ
Hungary	HU
Iceland	IS
India	IN
Indonesia	ID
Iran	IR
Iraq	IQ
Iraq Saudi Arabia Neutral	IY
Ireland	IE
Isle Of Man	IM
Israel	IL
Italy	IT
Ivory Coast	IV
Jamaica	JM
Jan Mayen	JN
Japan	JP
Jersey	JE
Johnston Atoll	JQ
Jordan	JO
Juan De Nova Island	JU
Kazakhstan	KZ



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Kenya	KE
Kingman Reef	KQ
Kiribati	KI
Kosovo	KO
Kuwait	KW
Kyrgyzstan	KG
Laos	LA
Latvia	LV
Lebanon	LB
Lesotho	LS
Liberia	LR
Libya	LY
Liechtenstein	LI
Lithuania	LT
Luxembourg	LU
Macau	MO
Macedonia	MK
Madagascar	MG
Malawi	MW
Malaysia	MY
Maldives	MV
Mali	ML
Malta	MT
Marshall Islands	MH
Martinique	MQ
Mauritania	MR
Mauritius	MU
Mayotte	YT
Micronesia	FM
Midway Islands	MI
Moldova	MD



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Monaco	MC
Mongolia	MN
Montenegro	ME
Montserrat	MS
Morocco	MA
Mozambique	MZ
Namibia	NA
Nauru	NR
Navassa Island	BQ
Nepal	NP
Netherlands	NL
Netherlands Antilles	AN
New Caledonia	NC
New Zealand	NZ
Nicaragua	NI
Niger	NE
Nigeria	NG
Niue	NU
Norfolk Island	NF
North Korea	KN
Northern Ireland	U2
Northern Mariana Islands	MP
Norway	NO
Oman	OM
Pakistan	PK
Palmyra Atoll	LQ
Panama	PA
Papua New Guinea	PG
Paracel Islands	PF
Paraguay	PY
Peru	PE



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Philippines	PH
Pitcairn Island	PN
Poland	PL
Portugal	PT
Puerto Rico	RQ
Qatar	QA
Republic Of South Korea	KS
Reunion	RE
Romania	RO
Russia	RU
Rwanda	RW
San Marino	SM
Sao Tome & Principe	ST
Saudi Arabia	SA
Scotland	U3
Senegal	SN
Serbia	RS
Seychelles	SC
Sierra Leone	SL
Singapore	SG
Slovakia	SK
Slovenia	SI
Solomon Islands	SB
Somalia	SO
South Africa	ZA
Spain	ES
Spratly Islands	SP
Sri Lanka	LK
St Helena	SH
St Kitts & Nevis	NK
St Lucia	SU



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St Pierre & Miquelon	SQ
St Vincent & Grenadines	VC
Sudan	SD
Suriname	SR
Svalbard	SJ
Swaziland	SZ
Sweden	SE
Switzerland	CH
Syria	SY
Taiwan	TW
Tajikistan	TI
Tanzania	TZ
Thailand	TH
Togo	TG
Tokelau	TK
Tonga	TO
Trinidad and Tobago	TT
Tromelin Island	TE
Trust Terr Of Pacific Isl	PS
Tunisia	TN
Turkey	TR
Turkmenistan	TM
Turks & Caicos Islands	TC
Tuvalu	TV
Uganda	UG
Ukraine	UA
United Arab Emirates	AE
United Kingdom	GB
Uruguay	UY
Uzbekistan	UZ
Vanuatu	VU



Vatican City	VT
Venezuela	VE
Vietnam	VN
Virgin Islands(British)	VG
Virgin Islands(U.S.)	VI
Wake Island	WQ
Wales	U4
Wallis & FUTUNA	WF
West Bank	WE
Western Sahara	EH
Western Samoa	WS
Yemen	YE
Yugoslavia	YO
Zaire	ZR
Zambia	ZM
Zimbabwe	ZW

5. County Code Values

LONG NAME	CODE VALUE
1 - Alameda	01
2 - Alpine	02
3 - Amador	03
4 - Butte	04
5 - Calaveras	05
6 - Colusa	06
7 - Contra Costa	07
8 - Del Norte	08
9 - El Dorado	09
10 - Fresno	10



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LONG NAME	CODE VALUE
11 - Glenn	11
12 - Humboldt	12
13 - Imperial	13
14 - Inyo	14
15 - Kern	15
16 - Kings	16
17 - Lake	17
18 - Lassen	18
19 - Los Angeles	19
20 - Madera	20
21 - Marin	21
22 - Mariposa	22
23 - Mendocino	23
24 - Merced	24
25 - Modoc	25
26 - Mono	26
27 - Monterey	27
28 - Napa	28
29 - Nevada	29
30 - Orange	30
31 - Placer	31
32 - Plumas	32
33 - Riverside	33
34 - Sacramento	34
35 - San Benito	35
36 - San Bernardino	36
37 - San Diego	37
38 - San Francisco	38
39 - San Joaquin	39
40 - San Luis Obispo	40
41 - San Mateo	41



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LONG NAME	CODE VALUE
42 - Santa Barbara	42
43 - Santa Clara	43
44 - Santa Cruz	44
45 - Shasta	45
46 - Sierra	46
47 - Siskiyou	47
48 - Solano	48
49 - Sonoma	49
50 - Stanislaus	50
51 - Sutter	51
52 - Tehama	52
53 - Trinity	53
54 - Tulare	54
55 - Tuolumne	55
56 - Ventura	56
57 - Yolo	57
58 - Yuba	58
Out of State	000
1st District (SF)	100
2nd District (LA)	110
2nd Sub District (Ventura)	111
3rd District (Sac)	120
4th District (San Diego)	130
4th Sub District (Riverside)	131
4th Sub District (Santa Anna)	132
5th District (Fresno)	140
6th District (Santa Clara)	150



6. Permissive Event Reasons

HEALTH EVENT REASON	HEALTH EVENT
Custody	Add Dependent
Domestic Partner Add	Add Dependent
Domestic Partner Child Add	Add Dependent
Economically dependent	Add Dependent
Loss of Coverage	Add Dependent
Marriage	Add Dependent
Medically Disabled	Add Dependent
Off pay Open Enrollment	Add Dependent
Return from Military Leave	Add Dependent
Special Enrollment Dependent	Add Dependent
Cancel: Perm Separation	Cancel Coverage
Military Leave	Cancel Coverage
Off Pay Status Cancel	Cancel Coverage
Subscriber request	Cancel Coverage
Subscriber Request - COBRA	Cancel Coverage
Association membership	Change Health Plan
Cancel Eligibility Zip - Employer	Change Health Plan
Change Eligibility Zip - Employer	Change Health Plan
Move	Change Health Plan
Off Pay during Open Enrollment	Change Health Plan
Special Enrollment - Change Health Plan	Change Health Plan
Chg to deduct-FMLA	Change Premium Payment Method
Chg to deduct-Return to Work	Change Premium Payment Method
CSU Inactive	Change Premium Payment Method
Insufficient earnings	Change Premium Payment Method
LOA	Change Premium Payment Method
Pending NDI	Change Premium Payment Method
PI/ off pay	Change Premium Payment Method



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HEALTH EVENT REASON	HEALTH EVENT
Suspension	Change Premium Payment Method
Worker Comp/Claim Pending	Change Premium Payment Method
COBRA Death of Employee	COBRA New Enrollment
COBRA Dep Cont-Sub on Medicare	COBRA New Enrollment
COBRA Div/Sep/Mv from Household	COBRA New Enrollment
COBRA Loss of Dependent Status	COBRA New Enrollment
COBRA Loss of Employment	COBRA New Enrollment
COBRA Reduction in Hours	COBRA New Enrollment
Pending Retirement	Continued Enrollment
Pending Retirement - Deferred Retirees	Continued Enrollment
Change of custody	Delete Dependent
Gains other coverage	Delete Dependent
Ineligible dependent	Delete Dependent
Legal separation	Delete Dependent
Military - Del Dependent	Delete Dependent
Optional Delete	Delete Dependent
Vacates household	Delete Dependent
BU 06 PI Cadet New Enroll	New Enrollment
Enroll Own right Employees	New Enrollment
Late or Loss of Coverage (Emp)	New Enrollment
Layoff: Enroll Direct Pay	New Enrollment
Military - New Enrollment	New Enrollment
Off Pay during O/E	New Enrollment
Off Pay eligible PI	New Enrollment
Re-employment	New Enrollment
Reinstatement	New Enrollment
Return from Off Pay Status	New Enrollment
Special Enrollment Employees	New Enrollment
State Retiree - Dental Enrollment	New Enrollment
Time Base & Tenure	New Enrollment
Time Base, Tenure, Hours	New Enrollment



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HEALTH EVENT REASON	HEALTH EVENT
OE Cancel Coverage	Open Enrollment
Open Enrollment Add Dep	Open Enrollment
Open Enrollment Change Health Plan	Open Enrollment
Open Enrollment Delete Dependent	Open Enrollment
Open Enrollment Employees New Enrollment	Open Enrollment



Appendix B – Comparison of New Field Values to Legacy (ACES) Field Values

#	my CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
1	Employer's CalPERS ID	A unique 10-digit identifier created by the new system, Once the Employer becomes an approved Business Partner, the new system will create this unique identifier. This identifier replaces the Employer/Unit Code.	Participant / PERS ER Code	Yes
2	Health Event Type	The health event type	Transaction Type	Yes
3	Health Event Reason	The reasons for health enrollment. These are categorized by Health Event Types	Health Event Reason Code	Yes
4	Unique Transaction Identifier	The Unique Transaction Identifier is a memo field to record text. Employers uploading files can use this field to record a text memo for tracking purposes.	Transaction #	No
5	Event Date	The date that the health event occurred.	Event Date	No
6	Received Date	The date that the Employer was notified of the health event.	HBO Received Date	No
7	Apply Change To Medical	Indicates that the change/enrollment is applicable to Medical benefit type.	Non-existent	Yes
8	Apply Change To Dental	If dental becomes an option in the future, this data element indicates the change/enrollment applies to the Dental benefit.	Non-existent	Yes
9	Apply Change To Vision	If vision becomes an option in the future, this data element indicates the change/enrollment applies to	Non-existent	Yes



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#	my CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
		Vision benefit.		
10	Rescind Indicator	Indicates whether a health enrollment transaction, with a future date, should be rescinded.	Non-existent	Yes
11	Rescind Reason	Reason why a health enrollment transaction is rescinded.	Non-existent	Yes
12	Rescind Notes	Notes about the reason for rescission.	Non-existent	Yes
13	Agency Code	The Agency within the State the employee works for.	Non-existent	Yes
14	Subscriber Status FERP	Indicator of whether the Primary Subscriber has FERP status.	Non-existent	Yes
15	FERP Status Begin Date	The Begin Date of the Primary Subscriber's FERP Status.	Non-existent	Yes
16	FERP Status End Date	The End Date of the Primary Subscriber's FERP Status.	Non-existent	Yes
17	Appointment ID	<p>This represents the position into which the Employee was hired.</p> <p>CalPERS will generate and store Appointment ID for the Participant at the time of enrollment. If the Employee has been hired into a new job for an existing appointment, this ID can be reported by the Employer (e.g., Employee switches from being a janitor to bus driver) to identify the employee.</p>	Non-existent	Yes



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#	my CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
18	Person Identifier Type	Type of unique Person identifier.	Non-existent	Yes
19	Person Identifier	The unique identifier available for the Person that is provided.	SSN	Yes
20	New SSN	The New SSN is a correction to the Social Security Number	Non-existent	Yes
21	Original Hire Date	The first date of hire for this Employee at this Employer.	Non-existent	Yes
22	Prefix	The Person's prefix.	Non-existent	Yes
23	First Name	The Person's first name.	First Name	No
24	Middle Name	The Person's middle name.	Middle Name	No
25	Last Name	The Person's last name.	Last Name	Yes
26	Gender	The Person's gender.	Gender	No
27	Birth Date	The Person's date of birth.	Date of Birth	No
28	Suffix	The Person's suffix.	Name Suffix	Yes
29	Address Type	Types of address.	Addr Type	No
30	Use Address for Health	Indicates that the Person's address should be used for health enrollment.	Non-existent	Yes



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#	my CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
31	Health Eligibility ZIP Code Type	The type of Zip Code used to determine health eligibility.	Eligibility ZIP Type	No
32	Health Eligibility ZIP Code	The health eligibility Zip Code.	Eligibility ZIP	No
33	County	The county the Employee designates for health eligibility.	Non-existent	Yes
34	Address 1	The first address line.	Alt Address Line	No
35	Address 2	The second address line.	Alt Address Line	No
36	Address 3	The third address line.	Non-existent	Yes
37	City	The city.	City	No
38	State	The state.	State	No
39	ZIP Code 5	The Zip or postal code.	ZIP Code 5	Yes
40	ZIP Code 4	The Zip or postal code.	ZIP Code 4 ZIP Code 2	Yes
41	Country	The country.	Country	No
42	Province/Territory	The province or territory.	Province / Territory	No
43	Postal Code	The international postal code.	Non-existent	Yes
44	Phone Type	The phone type such as mobile or fax.	Non-existent	Yes
45	US Phone	The Person's contact phone number in the USA.	Daytime Phone Area Daytime Phone	No
46	International Phone	The Person's International contact phone number.	Non-existent	Yes
47	Extension	The Person's phone number extension.	Non-existent	Yes
48	Email	The Person's e-mail.	Non-existent	Yes
49	Qualifying Person ID Type	The type of unique identifier for the member that qualifies the Subscriber for health enrollment.	Non-existent	Yes



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#	my CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
50	Qualifying Person ID	The unique identifier of the member who qualifies the Subscriber for health enrollment.	Qualifying SSN	No
51	Permanent Separation Date	Last day of a qualifying individual's employment.	Participant / Effective Date	No
52	Retirement Date	Retirement date of the qualifying individual	Non-existent	Yes
53	First Name	The Employee's first name.	First Name	No
54	Middle Name	The Employee's middle name.	Middle Name	No
55	Last Name	The Employee's last name.	Last Name	Yes
56	Gender	The Employee's gender.	Gender	No
57	Birth Date	The Employee's date of birth.	Birth Date New Birth Date	No
58	Eligibility Basis	The basis for COBRA eligibility.	Eligibility Basis	No
59	Original Cobra Start Date	The first day of COBRA health enrollment coverage.	COBRA Start Date	No
60	Affiliated Association	The affiliated association of the qualifying individual.	Non-existent	Yes
61	Medical Plan Selection	Used to select a medical plan.	Plan Code	No
62	Medical Group	Medical group of the qualifying Individual	Medical Group	No
63	Dental Plan Selection	Used to select a dental plan.	Non-existent	Yes
64	Vision Plan Selection	Used to select a vision plan.	Non-existent	Yes
65	Dependent Identifier Type	The unique identifier available for the Dependent that is provided.	Non-existent	Yes
66	Dependent Identifier	The unique Dependent identifier, as specified by Identifier Type field.	Dependent / SSN	No
67	Dependent Gender	The Dependent's gender.	Dependent / Gender	No
68	Dependent DOB	The Dependent's date of birth.	Dependent / DOB	No
69	Dependent Prefix	The Dependent's prefix.	Non-existent	Yes



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#	my CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
70	Dependent First Name	The Dependent's first name.	Dependent / First Name	No
71	Dependent Middle Name	The Dependent's middle name.	Dependent / Middle Name	No
72	Dependent Last Name	The Dependent's last name.	Dependent / Last Name	Yes
73	Dependent Suffix	The Dependent's suffix.	Dependent / Name Suffix	No
74	Date of Marriage/Partnership	The date the Dependent became a spouse/domestic partner of the Primary Subscriber.	Event Date	No
75	Address Same as Primary Subscriber	Indicator of whether the Dependent's address is the same as that of the Primary Subscriber.	Non-existent	Yes
76	Dependent Address Type	The Dependent's types of address.	Non-existent	Yes
77	Dependent Address 1	The first address line of the Dependent's address.	Non-existent	Yes
78	Dependent Address 2	The second address line of the Dependent's address.	Non-existent	Yes
79	Dependent Address 3	The third address line of the Dependent's address.	Non-existent	Yes
80	Dependent City	The city of the Dependent's address.	Non-existent	Yes
81	Dependent State	The state of the Dependent's address.	Non-existent	Yes
82	Dependent ZIP Code 5	The 5 digit ZIP or postal code of the Dependent's address.	Non-existent	Yes
83	Dependent ZIP Code 4	The 4 or 2 additional digits of a ZIP or postal code of the Dependent's address.	Non-existent	Yes
84	Dependent Country	The country of the Dependent's address.	Non-existent	Yes
85	Dependent Province/Territory	The province or territory of the Dependent's address.	Non-existent	Yes



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#	my CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
86	Dependent Postal Code	The international postal code of dependent	Non-existent	Yes
87	Dependent Relationship	The Dependent's relationship to the Primary Subscriber.	Dependent / Legacy Relationship Code	No
88	Dependent Type	The type of Dependent.	Non-existent	Yes
89	Disabled Dependent Indicator	Indicates if the added dependent is a disabled dependent child.	Non-existent	Yes
90	Disabled Dependent Confirmation Indicator	Indicates that the Employer understands the disabled dependent enrollment is not confirmed until review by CalPERS.	Non-existent	Yes
91	Economically Dependent Confirmation Indicator	Indicates if the economically dependent child has been validated	Non-existent	Yes
92	Dependent Acquired Date	The date that the economically child is acquired by the subscriber	Non-existent	Yes
93	Apply to Medical	Indicates if the enrollment transaction should be applied to Medical.	Non-existent	Yes
94	Apply to Dental	Indicates if the enrollment transaction should be applied to Dental.	Non-existent	Yes
95	Apply to Vision	Indicates if the enrollment transaction should be applied to Vision.	Non-existent	Yes